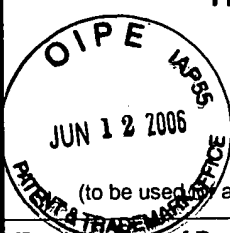


<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)		Application Number	09/808,723
		Filing Date	March 14, 2001
		First Named Inventor	Bennett et al.
		Art Unit	3627
		Examiner Name	Rudy, Andrew J.
		Attorney Docket Number	OOB013
Total Number of Pages in This Submission			

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Response to Non-Final Office Action <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

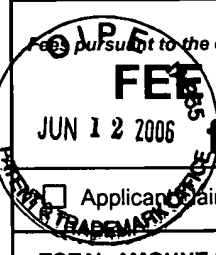
Firm	
Signature	<i>Ronald Spuhler</i>
Printed Name	Ronald H. Spuhler, Reg. No. 52,245
Date	June 6, 2006

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on June 6, 2006.

Name (Print/type)	Ronald H. Spuhler	Registration No. (Attorney/Agent)	52,245
Signature	<i>Ronald Spuhler</i>	Date	June 6, 2006

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

 <p style="margin: 0;"><b>FEE TRANSMITTAL</b> for FY 2006</p>		<p style="margin: 0;"><b>Complete if Known</b></p>	
<p style="margin: 0;">Application Number: 09/808,723</p> <p style="margin: 0;">Filing Date: March 14, 2001</p> <p style="margin: 0;">First Named Inventor: Bennett et al.</p> <p style="margin: 0;">Examiner Name: Rudy, Andrew J.</p> <p style="margin: 0;">Art Unit: 3627</p> <p style="margin: 0;">Attorney Docket No.: OOB013</p>		<p style="margin: 0;"><input type="checkbox"/> Application claims small entity status. See 37 CFR 1.27</p>	
<p style="margin: 0;"><b>TOTAL AMOUNT OF PAYMENT</b> (\$) 60.00</p>		<p style="margin: 0;"><b>METHOD OF PAYMENT</b> (check all that apply)</p> <p style="margin: 0;"><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____</p> <p style="margin: 0;"><input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held &amp; Malloy</p> <p style="margin: 0;">For the above-identified deposit account, the Director is hereby authorized to (check all that apply)</p> <p style="margin: 0;"><input type="checkbox"/> Charge Fee(s) indicated below <input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee</p> <p style="margin: 0;"><input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s) <input checked="" type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17</p> <p style="margin: 0;"><b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>	
<p style="margin: 0;"><b>FEE CALCULATION</b> (All the fees below are due upon filing or may be subject to a surcharge.)</p>			
<p style="margin: 0;"><b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b></p>			
<p style="margin: 0;"><b>FILING FEES</b></p>	<p style="margin: 0;"><b>SEARCH FEES</b></p>	<p style="margin: 0;"><b>EXAMINATION FEES</b></p>	<p style="margin: 0;"><b>Fees Paid(\$)</b></p>
<p style="margin: 0;"><b>Application Type</b></p>	<p style="margin: 0;"><b>Fee (\$)</b></p>	<p style="margin: 0;"><b>Small Entity Fee(\$)</b></p>	<p style="margin: 0;"><b>Fee(\$)</b></p>
<p style="margin: 0;">Utility</p>	<p style="margin: 0;">300</p>	<p style="margin: 0;">150</p>	<p style="margin: 0;">500</p>
<p style="margin: 0;">Design</p>	<p style="margin: 0;">200</p>	<p style="margin: 0;">100</p>	<p style="margin: 0;">100</p>
<p style="margin: 0;">Plant</p>	<p style="margin: 0;">200</p>	<p style="margin: 0;">100</p>	<p style="margin: 0;">300</p>
<p style="margin: 0;">Reissue</p>	<p style="margin: 0;">300</p>	<p style="margin: 0;">150</p>	<p style="margin: 0;">500</p>
<p style="margin: 0;">Provisional</p>	<p style="margin: 0;">200</p>	<p style="margin: 0;">100</p>	<p style="margin: 0;">0</p>
<p style="margin: 0;"><b>2. EXCESS CLAIM FEES</b></p>			<p style="margin: 0;"><b>Small Entity Fee(\$)</b></p>
<p style="margin: 0;"><b>Fee Description</b></p>			<p style="margin: 0;"><b>Fee(\$)</b></p>
<p style="margin: 0;">Each claim over 20 (including Reissues)</p>			<p style="margin: 0;">50</p>
<p style="margin: 0;">Each independent claim over 3 (including Reissues)</p>			<p style="margin: 0;">200</p>
<p style="margin: 0;">Multiple dependent claims</p>			<p style="margin: 0;">360</p>
<p style="margin: 0;"><b>Total Claims</b></p>	<p style="margin: 0;"><b>Extra Claims</b></p>	<p style="margin: 0;"><b>Fee(\$)</b></p>	<p style="margin: 0;"><b>Fee Paid (\$)</b></p>
<p style="margin: 0;">-20 or HP</p>	<p style="margin: 0;">x</p>	<p style="margin: 0;">=</p>	<p style="margin: 0;"><b>Multiple Dependent Claims Fee</b></p>
<p style="margin: 0;">HP = highest number of total claims paid for, if greater than 20</p>			<p style="margin: 0;"><b>Fee Paid (\$)</b></p>
<p style="margin: 0;"><b>Indep. Claims</b></p>	<p style="margin: 0;"><b>Extra Claims</b></p>	<p style="margin: 0;"><b>Fee(\$)</b></p>	<p style="margin: 0;"><b>Fee Paid (\$)</b></p>
<p style="margin: 0;">-3 or HP</p>	<p style="margin: 0;">x</p>	<p style="margin: 0;">=</p>	<p style="margin: 0;"><b>Fee Paid (\$)</b></p>
<p style="margin: 0;">HP = highest number of independent claims paid for, if greater than 3</p>			<p style="margin: 0;"><b>Fee Paid (\$)</b></p>
<p style="margin: 0;"><b>3. APPLICATION SIZE FEE</b></p>			
<p style="margin: 0;">If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</p>			
<p style="margin: 0;"><b>Total Sheets</b></p>	<p style="margin: 0;"><b>Extra Sheets</b></p>	<p style="margin: 0;"><b>Number of each additional 50 or fraction thereof</b></p>	<p style="margin: 0;"><b>Fee(\$)</b></p>
<p style="margin: 0;">-100</p>	<p style="margin: 0;">/50</p>	<p style="margin: 0;">(round up to a whole number)</p>	<p style="margin: 0;">x</p>
<p style="margin: 0;">=</p>			<p style="margin: 0;"><b>Fee Paid(\$)</b></p>
<p style="margin: 0;"><b>4. OTHER FEE(S)</b></p>			
<p style="margin: 0;">Non-English Specification, \$130 fee (no small entity discount)</p>			<p style="margin: 0;">60.00</p>
<p style="margin: 0;">Other (e.g., late filing surcharge): Request For One Month Extension Of Time</p>			<p style="margin: 0;">60.00</p>
<p style="margin: 0;"><b>SUBMITTED BY</b></p>			
<p style="margin: 0;">Signature</p>	<p style="margin: 0;">Registration No. (Attorney/Agent)</p>	<p style="margin: 0;">Telephone</p>	<p style="margin: 0;">Date</p>
<p style="margin: 0;">Name (print/type)</p>	<p style="margin: 0;">52,245</p>	<p style="margin: 0;">(312)775-8000</p>	<p style="margin: 0;">June 6, 2006</p>